

MASTER THESIS IN HEALTH SCIENCE

"The Experience of Elderly Care Home (Bridhashram) Life From Residents' Perspective": A Qualitative Study At Kathmandu, Nepal.



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ABSTRACT

Numerous researches have been conducted on concerns of elderly people. However, no recent studies have addressed residents' experiences of their lives in elderly care homes (ECH/BRIDDHASHRAM) in Kathmandu, as longevity and the concept of living in ECHs are both relatively new phenomena in Nepal. Thus, this study aims to investigate residents' experiences of living in ECHs from the residents' perspectives.

A qualitative research method with a phenomenological and hermeneutic approach was chosen for the study. Qualitative research interviews with a semi-structured interviewing guide were used to obtain rich empirical data. Six key participants from two ECHs in Kathmandu were selected for the study. Kvale's (1996) three levels of interpretation, namely, self- understanding, critical commonsense understanding, and theoretical interpretation, were used to analyze the data. One major theme of the "experience of thriving in ECHs" as well as five sub-themes: (i) establishing and fostering social relationships, (ii) engagement in meaningful daily activities, (iii) living a happy and better life, (iv) feeling valued and respected, and (v) being positive and optimistic about living in the ECH emerged from the study. These findings demonstrated residents' positive experiences of their lives in both care homes. The findings could help residents improve their views as well as living conditions in ECHs.

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ACRONYMS AND ABBREVIATIONS

ECH Elderly Care Home

OAH Old Age Home

FTT Failure To Thrive

QOL Quality Of Life

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CHAPTER I

INTRODUCTION

1.1 Approach

This thesis was undertaken in partial fulfillment of the requirements for the master's degree in Health and Social Science, University of Stavanger, Norway, 2014. This study was conducted in two ECHs (one public and one private) located in Kathmandu, Nepal. Six elderly residents participated in the study.

1.2 Background

The elderly comprise the fastest growing segment of populations worldwide. In Nepal, the emergence of this group is noteworthy because of the significant increase in life expectancy and a clear decline in the fertility rate (Pun & Pandey, 2009). Nepal's latest census revealed that the elderly population increased from 6.5% in 2001 to 9.2% in 2011, and the nation's total population increased by 15% to 28 million from 23 million in 2001 (CBS, 2011). Although factors related to ageing are considered a priority globally, accurate information is insufficient, and research in this field is still in its infancy in Nepal (Pun & Pandey, 2009). Nepal's older population is rapidly increasing, both in terms of absolute numbers and as a proportion of the total population (Subedi, 2004)., These changes are happening in alignment with ageing. At the same time traditional family norms and values of supporting the elderly are eroding (Chalise, 2006).

Senior citizens are widely accepted as assets in a society. Traditionally, they were highly respected in Nepal, and families where more than three generations lived

together as a single household were dominant (GCN, 2010). However, owing to changing lifestyles, Westernization, and urbanization, the types and sizes of families have changed, and the nuclear family now prevails (Chalise, 2006). This changing family structure and attitude of younger generations has resulted in older people often being neglected and alone, making them more vulnerable and their lives more difficult (Upadhya, 2004).

Especially in urban areas, family cohesion is declining due to the generation gap between parents and children (Ghimire, 2007). This intensifies the issue of whether the family or another institution, i.e., elderly care homes (ECHs), should care for elderly people in our society (Acharya, 2007).

Recent migration trends of youth from rural areas to foreign and internal urban centers have coincided with increasing emotional problems of elders in the country (Pun and Pandey, 2009). For this and other aforementioned reasons, more elderly people find it difficult to stay in their homes and thus must live in care homes (Chitrakar, 2011). Many living in old age homes (OAHs)/ECH are senior citizens without other care and are considered a burden to society (Acharya, 2006). Although governmental and non-governmental organizations (NGOs) and individuals are attempting to address this problem, many elderly people lack proper care, support, and the basic needs for a comfortable life (Acharya, 2007). The elderly deserve to live with dignity and fair treatment, free from exploitation, physical, or mental abuse, but very few governmental and non-governmental institutions sectors are stepping up to care for them (Shrestha & Zarit, 2012).

Despite the government's effort to support senior citizens by providing elderly care homes, the concept of ECHs and information and knowledge about them are limited

among Nepalese elders (Chalise, 2006). There exists only one old-age home run by the Nepalese government; located in Kathmandu, it serves destitute Nepali elders with shelter, meals, and clothing. In addition, there are about 50 daycare centers, 20 old-age homes, and more than 100 elderly clubs run by different organizations (Khanal, 2010). In all, 1500 elderly benefit from ECHs in Nepal (Bridhashram) (GCN, 2010).

Nepal, a society bound by tradition, has been endowed with a culture where sons are morally obliged to provide care and support to their parents (Tiwari, 2010). It is estimated that more than 80% of elderly in Nepal live with their adult children who care for them; only around 15% require care in ECHs (GCN, 2010); the concept of ECHs in Nepal has not yet developed significantly. ECHs will apparently be the last resort for only those Nepalese who are neglected by their children or are destitute or homeless (Khanal, 2010). According to Pun and Pandey (2009), most elderly in Nepal refuse to stay at ECHs, as they think that the concept of living at ECH is as a taboo. Furthermore, many have very negative views about ECH living.

In the typical Nepalese context, the emergence of the ECH concept and its proper execution is still in the embryonic stages, as people are not acquainted with the concept, its motives, and its functional mechanism. Thus, it is useful to explore the lived experiences of elderly people in ECHs in Kathmandu, Nepal.

The study's findings can offer insight into the experiences and perspectives of elderly residents with regard to living in an ECH and may also contribute to improving their living conditions and promoting their well being in the ECH.

It is speculated that Nepal will eventually adopt the Western concept of caring for elderly people. In such a scenario, findings of this study could serve as a platform for

planning, organizing, preparing, and executing systematic and well-organized ECHs in the future.

1.3 Purpose

This study aims to investigate residents' experiences of elderly care home life from their perspectives.

1.4 Research Questions

- ❖ How do elderly residents experience transition to an elderly care home?
- ❖ How do elderly residents experience and perceive their lives in an elderly care home?

1.5 Profile of Elderly Care Home (ECH/Briddhashram)

Two elderly care homes (one public and one private) located in Kathmandu were chosen for the study. Both ECHs offer accommodation, support, and services to elderly people, irrespective of status, wealth, caste, religion, gender, or ethnicity. Both offer services to people age 65 and older who have no one to look after them or are neglected or abandoned by their families, are lonely, and in need of companionship. In both ECHs, the majority of residents share their accommodation with other residents. The public ECH is the only residential care home run entirely by the government of Nepal; total capacity is 230 residents, and residents do not have to pay to live here. Medical services are available from morning until evening, but only volunteer care from national or international nurses was available at night.

The private ECH is a non-governmental, community-based residential care home with a capacity of 40 people who pay to live there. It also provides charity services to the very poor elderly who cannot afford to live there and have no one to take care of

them. Most of the care facilities and residents' daily activities are much better here than in the public ECH; 24-hour nursing service is also available. Residents have opportunities to be involved in gardening and handicrafts, neither of which is available in the public care home. The majority of residents are not severely ill or disabled, compared to those in the public ECH. A life with dignity, a feeling of being cared for, and a sense of belongingness are underlying principles of both ECHs.

1.6 Definitions and Key Concepts

Important definitions and key concepts related to elderly people, lived experience/living experiences, and elderly care homes are central concepts of this study and are important for its foundation.

1.6.1 Elderly People

Different countries designate persons as old after they pass a certain age, depending on prevailing sociocultural norms and values (Upadhyaya, 2004). In Western societies, such as the United States and Europe, people are often considered old at 65 to 70 years (Acharya, 2007). In the Nepalese context, people surpassing 60 are generally deemed senior citizens or older people (GCN, 2010).

1.6.2 Elderly Care Home (ECH)

ECHs for senior citizens' welfare are sociocultural institutions with economic, psychological, and spiritual dimensions where elderly residents can share their contented and gloomy moments; their comfort is ensured and they receive care and affection (Pun & Pandey, 2009). ECHs have been proposed as unique caring and rehabilitation centers to provide services to the elderly by establishing homes for vulnerable and needy people (Tiwari, 2010). Furthermore, they are places where

elderly people can live with respect, freedom, and peace of mind, at the same time contributing to improving their living conditions with their skills and experiences.

1.6.3 **Lived Experience**

Phenomenological studies examine human experience through descriptions provided by the people involved; these are called lived experiences (Ricoeur, 1976). Applied to the current study, the investigation of elderly residents' experiences is based on their world experiences, as they perceive them, herein, lived experiences in an ECH.

CHAPTER II

REVIEW OF LITERATURES

2.1 Previous Researches

To obtain knowledge about previous research on residents' living experiences in an ECH and important concepts relevant to the study, the following databases were searched: BIBSYS Ask, CINAHL, Science Direct and PubMed. Several important references from appropriate journals and individual articles were also examined. Many previous studies have addressed residents' experiences of living in nursing homes in other countries; most of these focused on negative experiences. Interesting findings from a few previous studies are described below.

In a descriptive Irish study by Galvin & Deroiste (2005) found that institutionalized elderly persons experienced loss of contact with the outside world; enforced idleness; loneliness; staff bossiness; loss of personal contacts, friends, family possessions, independence, and privileges; and physical and psychological abuse.

Nay (1995) found that residents viewed nursing homes as places with no future, painful experiences, and increasing dependency. Furthermore, she found residents experienced lack of decision-making and control, limited choices, and minimal power in respect to their living arrangements.

In an ethnographic study, Fiveash (1998) found that for some residents, life in a nursing home was acceptable, while others experienced nursing home life as both constraining and dehumanizing.

Negative aspects of life in care homes are often highlighted; however, positive aspects including improved self-worth, morale, a homelike environment, feeling connected to others, a meaningful daily life, and improved physical functioning were reported in a systematic review by Bradshaw (2012).

CHAPTER III

THEORETICAL FRAMEWORK

According to Patton (1990), the theoretical framework is the spectacle we put on when we read our data in order to identify patterns. The theoretical framework includes models, theories, definitions and research traditions used to understand meaning and to structure the findings (Patton, 1990).

The main aim of this study was to explore the understanding and live experiences of elderly Nepalese residents living in the ECH at Kathmandu through stories expressed in their own words. In order to take advantage of the understanding and experiences the informants share, it is important to place the data in a wider theoretical perspective. Although there were very few previous studies conducted on this issue, two theories - a theory of thriving in long-term care facilities of Bergland and Kirkevold (2006) and a life span theory on thriving by Haight, Barba, Courts, and Tesh (2002) - were chosen for this study to handle the concept of residents' experience of thriving in the ECH. These theories will also serve to illustrate the context of the investigated area of this study.

3.1 A Theory on Thriving in Long-term Cares Facilities

Bergland and Kirkevold (2006) developed a theory on thriving in long-term care facilities based on a qualitative study with a phenomenological life-world approach of thriving as described by nursing home residents. Bergland and Kirkevold (2006) describe thriving as an emotional state and a process of growth and development, involving seven dimensions —two core and five additional dimensions, meaning that

the five additional dimensions do not contribute to thriving unless the core dimensions are presented. The two core aspects are the residents' mental attitudes toward living in a nursing home and the quality of the care and caregivers. They also outlined five additional aspects of thriving which included a positive relationship with other residents, participation in meaningful activities, opportunities to get outside and around, relationships with family, and qualities in the physical environment. These findings suggest a hierarchy of aspects of thriving that caregivers should pay attention to in order to support residents' own efforts to adjust and thrive in the nursing home.

Bergland and Kirkevold (2006) found the most critical factors that predicted thriving in nursing home was residents' mental attitudes towards living in a nursing home, which includes three different mental attitudes. The first is an attitude of being determined not to thrive in the nursing home by expressing a will not to thrive and expressing a strong wish to leave the nursing home, the second aspect is "an attitude of ambivalence," which reflects a kind of thriving or a degree of thriving, but at the same time the residents feel ambivalent with about their stay at the care homes and, the third aspect of mental attitude is "an attitude of being determined to thriving in the nursing home," which implies that the residents have made a deliberated decision that the nursing home is only the best place for them to spend their remaining life because of their deteriorating health and reduced level of functioning.

On the other hand, the quality of care and caregivers is also considered to be essential to thriving because inadequate care, including negative experiences with caregivers, may hinder the residents' own efforts to thrive. At the same time, receiving compassionate and adequate care from supportive, kind, and friendly caregivers encourages the residents' own efforts to thrive. The caregiver's competence and caring attitude can also contribute to positive care home experiences as well as

fostering the residents' self-worth. The residents' feelings of safety, combined with staff continuity, also may lead to good rapport and trust, thereby ensuring a feeling of attachment.

The five additional aspects of thriving identified by Bergland and Kirkevold (2006) may also contribute to residents' thriving, but the fact is that these aspects alone cannot contribute to thriving unless the core aspects of thriving are already present. The positive relationships with other residents contribute to the experience of thriving in the nursing home. These relationships contribute to thriving by providing social support and opportunities for mutual exchange of thoughts, experience and goods (for example fruits sweets, or other gifts from family members). These relationships may also contribute to friendship, a feeling of belonging and the reassurance of being important to others. The next aspect, "participation in meaningful activities," indicates that the nursing home residents consider some certain activities as pleasant and meaningful for them, which may also contribute to the experience of thriving. These meaningful daily activities allow the residents a greater feeling of control, thus preventing helplessness and also emphasizing the importance of the care home as a home. The third aspect of thriving, "opportunities to get outside and around," contributes to the experience of thriving for some residents. According to Bergland and Kirkevold (2006), leaving the nursing home for shorter or longer periods to visit family, participating in organized tours, going to church or experiencing sight-seeing are all considered to be valuable aspects in promoting thriving for the nursing home resident. At the same time, "relationship with family" also contributes to a feeling of thriving. Regular family visits are much appreciated and valued by the residents. The last additional aspect of thriving is "qualities in the physical environment". Having one's own spacious room and bathroom, enough storage and an attractive, bright,

clean and tidy environment all facilitates residents' ability to exercise control over their environment. This also enhances their feeling of being at home and promotes their thriving in spite of their vulnerable situation.

3.2 A Life Span Theory on Thriving

Haight et al. (2002) developed an interaction-based view of thriving, which emphasizes the interaction between the person and their environment. This theory seems particularly relevant in relation to frail nursing home residents due to their dependence on their environmental resources to secure the best possible quality of life. This theory is based on the concept of Failure to Thrive (FTT). Haight and his colleagues proposed FTT and thriving as the end points of a continuum and continued to describe thriving as "living life fully". According to this theory, a thriving person is "living life fully" as life has a span - a beginning and an end. Along this continuum, individuals grow and develop at different rates and in different ways based on interactions with their environment and the ongoing development of self.

Haight and Colleagues view thriving in a holistic life span perspective that considers the impact of environment as people age. They assert that thriving is achieved when there is harmony between a person, the physical environment, and the person's relationships. The elements of the human environment are the variety of humans who enter into and out of the person's environment and affect different phases of their life. These can either manipulate the environment and the person to contribute to optimum growth or interfere with the environment to hinder thriving and growth.

According to Haight et al. (2002) the human-environmental interaction continues to mold the person's humanness throughout their life, regardless of age. When the human is a frail older adult with multiple functional deficiencies, residing in a nursing

home, the human environment consists of caregivers, family and friends and other residents. These interactions can be positive or negative, either contributing to or hindering the growth and development of the residents. Caregivers may provide compassionate care, families and friends may visit often and be supportive, and other residents may be helpful and friendly. On the other hand, the human environment may be cold, uncaring and isolating.

The continuum of thriving does not consider the non-human environment; therefore Haight et al. (2002) again developed a conceptual model of thriving which proposes that the world in which we live is the non-human environment with all its surrounding influences, including economic, psychological, and social factors. They also stated that personal genetic factors intermingle with the environmental influences to set the stage for thriving or FTT. Similarly, economic status influences one's ability to be healthy, educated and successful.

This conceptual model of thriving also proposes that thriving is achieved when the person, human, and non-human environment are in concordance; that is, when they are mutually engaged, supportive and harmonious. Failure to thrive occurs when there is discordance among the person, human environment and non-human environment - a failure of engagement and mutual support, leading to disharmony. Thus, with all these essential backdrops, we can also use this theory to assist in achieving harmony for older adult nursing home residents by identifying factors that may impede thriving. Applying this theory will also predict the utility of thriving as a guiding framework for research with older adults.

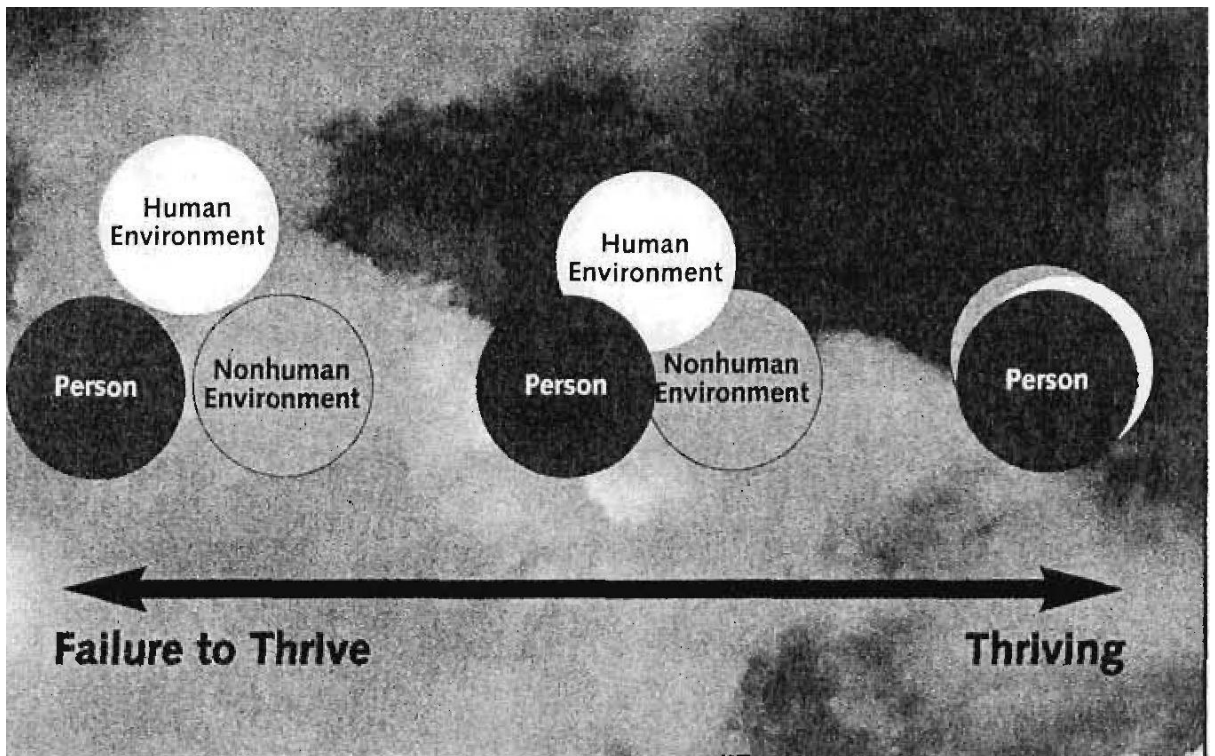


Figure 1. The Thriving Model

CHAPTER IV

METHODOLOGICAL CONSIDERATION

4.1 Choice of Method

I have chosen a qualitative research method with a phenomenological and hermeneutic approach to explore the phenomenon of elderly residents' lived experience of living in an elderly care home (ECH) at Kathmandu. Qualitative methods are research strategies for the description, exploration and analysis of characteristics or qualities of the phenomena being studied (Polit & Beck, 2004). Qualitative data analysis is appropriate when little is known about the subjective phenomena under investigation (Malterud, 2011). Due to the purpose and the nature of this study, a qualitative method with a phenomenological and hermeneutic approach has been chosen.

4.2 Phenomenological and Hermeneutic Approach

There are numerous forms of phenomenological research, however, many of them are derived from the philosophical work of Husserl on modes of awareness (epistemology) and the hermeneutic tradition of Heidegger on modes of being (ontology) (Kafle, 2011). These approaches differ from one another in the degree to which interpretation is acceptable, but both represent strategies for immersing oneself in data, engaging with data reflectively, and generating a rich description that will enlighten a reader as to the deeper, essential structures underlying a particular human experience (Kafle, 2011).

Phenomenology is the study of lived experience in order to develop a greater understanding of the many meanings of particular phenomena through description, reflection, and awareness (Ryan, 2011).

Phenomenology describes a special interest in understanding social phenomena from the individual's own perspective (Kvale, 1996). It is a method for understanding how the world is experienced by the subjects, with the assumption that "the important reality is what people perceive it to be" (Kvale & Brinkmann, 2009).

A key epistemological strategy of phenomenology is the concept of phenomenological "bracketing", where the researchers should put their pre-knowledge into brackets in order to arrive at the essence of the phenomenon and also to obtain rich and varied descriptions of the phenomena under study. It was first proposed by Husserl (Lindseth & Norber, 2004).

Hermeneutics focuses on the underlying meaning of what people say and do (Kafle, 2011). It is the study of the interpretation of texts (Kvale, 1996). The main purpose of interpretation is to obtain a valid and common understanding of the meaning of the text (Kvale, 1996). The hermeneutic circle provides a tool for describing the continuous process of interpretation as the text progresses (Newman, 2010).

Heidegger, Gadamer and Ricoeur are the foremost representatives of the movement of hermeneutic phenomenology refraining from the Husserlian concept of phenomenology "bracketing" (Lindseth and Norberg, 2004). A hermeneutic approach emphasizes the researcher's pre-understanding (Newman, 2010). In order to gain and see knowledge, it is important to be aware of one's own perceptions. A hermeneutic approach was chosen for this study in order to illuminate and interpret the meaning concerning residents' experiences of living in the ECH. This method focuses on the

meaning of human language as a way to gain new knowledge and to reach a deeper understanding of human beings' lived experiences.

Life in an ECH may not be best understood only through an analysis of living standards, staff density or the care offered within the care home, but also from the basis of the elderly residents' experiences living there. Thus, the phenomenological and hermeneutic approach is highly beneficial for such an endeavor in order to illuminate the meaning of the living experience of elderly people living in a care home through interpretation of their personal narrative. A combination of phenomenological and hermeneutic approach were chosen for this study because these two methods belong together in the sense that; in phenomenology the researcher try to understand the experiences expressed in interview texts, which then need interpretation, and the method is hermeneutic in the sense that it includes dialectic movements between understanding and explanation through reflection towards literature.

4.3 Pre-understanding

A researcher's common sense, pre-understanding, assumptions and existing knowledge can strongly influence their interpretations before they have even realized the pure nature of the phenomena, if they have not explicated these conditions clearly (Chan and Fung, 2013). Therefore, the need to explore and identify one's pre-understanding appears to be a necessary step to understand and process one's research (Ryan, 2011).

Van Manen (1997) suggests that it is necessary for the researcher to acknowledge his/her previous experience, knowledge and beliefs and how these may influence the researcher in all phases of data collection, analysis and interpretation. In other words,

the interpretation of the participants' words is a function of the background, training and beliefs of the researcher involved (Van Manen, 1997). Heidegger (1927/1962) further claimed that nothing could be encountered without reference to a persons' background understanding.

This study is based on the phenomenology and hermeneutics approach, where Husserl, the founder of phenomenology, emphasizes the need for phenomenological "bracketing", meaning bracketing all presuppositions in the search for phenomenological essences. In contrast, Heidegger (1927/1962), the founder of hermeneutic phenomenology, claimed that bracketing was impossible, as one cannot stand outside the pre-understanding and history of one's experience during the hermeneutic approach. Thus, the researcher's language, understanding and previously established pre-understanding became important aspects in this study.

One important part of pre-understanding is the formulation of the research question (Van Manen, 1990). The researcher has developed the research questions in this study based on personal experiences and knowledge as well as from some of the literature review, in order to have a better understanding of the question on the phenomena being researched (Polkinghorne, 1989). During the analysis process, the dialogue formed an important part of the pre-understanding, which illuminated the phenomena being investigated (Polkinghorne, 1989).

With regard to this study, my pre-understanding was colored by nine years of working experience as a nurse in various departments of different hospitals and as a community nurse in remote and mountainous areas of Nepal. During these nine years, I was designated to different positions and assigned various responsibilities, such as staff nurse in the medical and surgical ward, operation theater nurse, and Operation

Theater in-charge. Before conducting this study, I believed and thought that the elderly people who live in the ECH in Nepal would have been unhappy and dissatisfied with their stay there, because the concept of living in ECH in Nepal has not been significantly developed yet. Even the lives of those already living in the ECH might have been very difficult, with a lot of problems and suffering. I also used to assume that those living in ECH are either abandoned from their family and children, or those who are destitute or homeless. When I came to Norway and began to work as a part time employee in a Norwegian nursing home, I was able to observe the residents' lives and daily activities and even acquire knowledge of their viewpoints towards the nursing home living experience, which included both negative and positive experiences. But as regards ECH and the life of the residents in the Nepalese ECH , I still had very little knowledge on the matter. Thus, I became genuinely interested to explore and gain insight on the experiences of elderly people residing in ECHs in Nepal. From this backdrop, I was inspired to work on this phenomenon for my present study project.

4.4 Selection of Participants

The selection of participants to collect data in this study was done purposely to permit an in-depth understanding of the phenomenon of residents' experience of living in the ECH. The aim was to have information rich cases who could bring forward issues of central importance (Polit and Beck, 2004).

A total of six participants (4 women and 2 men) were recruited from two different ECHs (one public and one private) at Kathmandu via a manager of the public ECH and by a sister in-charge in a private ECH, based on the criteria for inclusion and exclusion. The inclusion criteria were: residents age 65 or older, being a resident of

the ECH for six months or longer, having physical and mental capability to handle the interview, having the ability to give informed consent to participate, being willing to share one's experiences, having the ability to describe experiences with the phenomena and voluntarily take part in the study. The exclusion criteria were: elderly residents living in ECH less than six months or aged below 65 years, residents having major medical or mental problems, and residents with hearing or speaking problems. These inclusion and exclusion criteria focused on the external, objective characteristics of possible participants in the study. Thus meeting these criteria helped to generate rich and relevant data for this study.

Participants were purposefully selected for this study based on the nature and purpose of the study. In phenomenological research, it is usual to use small numbers, as the goal is to achieve a rich understanding of a specific lived experience, rather than to produce findings that can be generalized (Polkinghorne, 1989). Van Manen (1997) suggests that an adequate sample is important in all types of research; thus, a sample size of 10 or less is appropriate for qualitative research and data should be collected until no new information emerges.

The demographic details of the participants are presented below.

Table No. 1 Demographic Details of Participants

Subject Code	Age	Sex	Marital Status	Number of children	Length of stay	Type of ECH
P1	78	F	Early married, husband dead/child widowed	None	18 years	Public
P2	75	F	Unmarried	None	13 years	Public
P3	73	M	Married (Early married left by wife, 50 years ago)	None	9 years	Public
P4	75	F	Widowed	One daughter	10 years	Private
P5	82	M	Widowed man	One son but died 10 years ago	8 years	Private
P6	80	F	Widowed	None	9 years	Private

4.5 Collection of data

With qualitative research interviews, we try to understand something from the subjects' point of view and to uncover the meaning of their experiences (Kvale, 1996). Interviews allow people to convey a situation to others from their own perspective and in their own words (Kvale, 1996). The purpose of qualitative research interviews is to gather descriptions of the life and world of the interviewee with respect to interpretation of the meaning of the described phenomena (Kvale, 1996).

There are various ways of conducting research interviews, including structured, semi-structured and unstructured (Polit and Beck, 2004). An in-depth semi-structured interview with an interview guide (appendix A) was chosen for this study to provide a greater richness of data as compared with structured interviews, and also to allow participants the freedom to respond to questions and probes, and to narrate their

experiences without being tied down to specific answers (Polit and Beck, 2004). Semi-structured interviews also elicit the informant's own views and descriptions, and have the benefit of uncovering issues or concerns that have not been anticipated by the researcher (Camic and Yardley, 2003). Questions in the interview guide were open-ended, and a non-directive approach was adopted to encourage participants to develop and elaborate their own narratives about their experiences (Kvale, 1996). These broad open-ended questions, in which the researcher is free to explore and probe with the interviewee, were developed based on the study aims and relevant prior literature, as well as the researcher's experience.

The questions in the interview guide contained a sequence of themes to be covered as well as some suggested questions (Kvale, 1996). Yet at the time there was an openness to change sequence and forms of questions in order to follow up on the specific answers that were given and the stories told by the subjects (Kvale, 1996).

Information about the study was communicated both through conversation and written materials. The participants themselves determined both the place and time of the interview. The interviews took place in the participant's own room, in the care home's garden or in an unoccupied yoga room. Each informant was interviewed once and each interview lasted 50-60 minutes. All these data were collected within a period of 3 weeks (from 9th–29th January, 2014).

All the participants were asked the same questions, but the order of the questions varied depending on the flow of the interview (Kvale, 2007). Questions were phrased in an open-ended manner and additional questions were asked to clarify certain points (Kvale, 2007). Interviews were paused when participants became emotional, silence

or needed a break (Polit and Beck, 2004). The more details about the interview procedure of this study are presented in the next topic in interviewing.

4.6 **Ethical Considerations**

Ethical problems in qualitative research in particular arise because of the complexities of researching private lives and placing accounts in the public arena (Kvale & Brinkmann, 2009). Therefore, ethical concerns must be continuously taken up for consideration throughout the research process (Munhall, 2009).

When preparing qualitative research protocols, the researcher always should consider the potential ethical issues that can be anticipated in the study, such as informed consent, confidentiality, data generation and analysis, researcher/participant relationships and reporting of final outcomes (Kvale & Brinkmann, 2009).

Ethical issues were considered throughout the course of the study. This study was reviewed and ethically approved by the Norwegian Social Science Data Services (NSD) (see Appendix C) (Ref.no.36088/2/KH) on 28th October 2013. The study was conducted in accordance with the guidelines of the NSD in order to ensure that this study adhered to current ethical principles (Kvale, 1996). The correspondence letters (see Appendix D) provided by the University of Stavanger were sent to both elderly care homes' authorities at Kathmandu for permission to conduct interviews for this study. Permission to conduct the study was also granted by both care homes' authorities prior to the start of the study.

The Ethical considerations raised by this study were concerned with providing essential information about the study, obtaining informed consent and maintaining participants' autonomy, privacy and confidentiality.

Informed consent also entails informing the study subject about the overall purpose of the study and the main features of the design, as well as telling them of possible risks and benefits from participation in the research study (Kvale, 2007). Informed consent further involves obtaining the voluntary participation of subjects and informing them about their right to withdraw from the study at any time and without any consequences (Kvale, 1996).

All the participants in the study were provided with information letters (see appendix B') detailing the aims of the study, the procedure of the interview, the information about confidentiality, and the participants' right to access the transcription and analyses of the interviews if they wished it. The information letters were provided to the participants via the managers of both elderly care homes.

All the participants were given the opportunity to ask questions about the research study and were also made aware that they could withdraw from the study at any time without any negative consequences (Kvale, 1996). In the study, the interviewer tried to create an open environment when carrying out the interviews so that the participants could speak freely and their autonomy could be maintained. Any kind of research should be guided by the principles of respect for people, beneficence and justice (Munhall, 2009). In a qualitative research study these principles are honored by informed consent, which means that the participants exercise their rights as autonomous persons to voluntarily agree or refuse to participate in the study (Kvale, 1996, Munhall, 2009). Written consent in the study was obtained from each participant prior to the commencement of data collection activities. A verbal explanation and information statements were also provided to all the participants in order to give an overall knowledge of the study.

Maintaining participants' confidentiality is often a major ethical concern of interpretive research because of the personal nature of the research and the types of questions the participants are asked (Kvale, 2007). Thus, all the collected empirical data materials were kept confidential. Confidentiality was maintained through the use of pseudonyms in the research reporting and by changing specific contextual details that could have revealed the identity of the participants (Kvale, 1996). In this study, the anonymity of the data material was assured by coding the transcription by letter from P1-P6. Any names mentioned in the interviews were rendered anonymous. All the data materials were locked in a safe place during the study period and any material that could be personally identified will be destroyed upon conclusion of the study, in accordance with the guidelines of the Norwegian Social Science Data Services. One important difficulty faced by the interviewer during the interviews was that since the majority of the participants lived in a common room and block, it was a little difficult to maintain a participant's privacy when the participant's roommate suddenly entered the room to collect their personal items. In such a situation, the interviewer stopped the interview until the roommate went back out and then continued the interview, again maintaining the participant's privacy and comfort. The interviewer has also maintained the confidentiality of each individual while using quotations in the findings section by avoiding the mention of any identifying characteristics in their quotations. Further ethical considerations that the interviewer took into account in the study are also described in the interviewing and transcribing sections of the study.

4.7 Interviewing

According to Kvale (2007), qualitative interviews are an "attempt to understand the world from the subjects' point of view to unfold the meaning of interviewees' experiences, to uncover their lived world prior to scientific explanations."

Interviewing is a craft; it does not follow explicit steps of rule-governed methods, but it rests on the practical skills and personal judgments of a qualified researcher (Kvale & Brinkmann, 2009). Thus, for the qualitative research interview, the interviewer is the instrument and the outcome of this interview depends on the knowledge, skills, sensitivity and empathy of the interviewer (Kvale, 2007). Keeping this notion in mind, the researcher started up the interviewing process of this study.

All the interviews were conducted in the winter of 2014 from 9th–29th of January in Kathmandu. A total of six participants from two different elderly care homes were selected for this study and the researcher conducted each interview alone.

Interviews for this study were of a conversational nature, with open-ended questions in order to guide, but not direct, participants' responses and allow the interviewee to express their values, beliefs, understanding, experiences and opinions freely (Polit and Beck, 2004).

Interviewing is an art governed by certain scientific principles (Basavanthappa, 2009). Thus, every effort should be made to create a conducive atmosphere of trust and confidence, so that interviewees may feel at ease while discussing things with and talking to the interviewer (Basavanthappa, 2009). Before each interview got started, the interviewer always greeted the interviewees with a smile and by saying “Namaste Ama, Buba” (meaning “hello, respected mother, father”), and other comments such as “how are you today, how is your health today, the weather is very nice and warm today,” etc., in accordance with our Nepalese culture.

Then, the interviewer introduced herself first, explained the purpose of the study and then asked for each interviewee's name individually. At the same time, the interviewer also assured the anonymity or confidential nature of the interview, went

over the possibilities for withdrawing from the study and also explained the participant's usefulness for the study. Then after, the interviewees were asked if they would permit the use of an audiotape recorder, and at the same time, the interviewer asked them to sign the letter of consent (Appendix 'B'). Then all the interviewees agreed to capture their interview with the audiotape.

Before starting the interview, first the interviewer asked each interviewee if they had any questions or comments regarding this interview. This initial briefing was not recorded as part of the interview. After establishing a good rapport and friendly atmosphere, the interviewer started to conduct the interview using a semi-structured interview guide with a sequence of themes to be covered, as well as some suggested questions. The interview guide with open-ended questions allowed the interviewer to follow the interviewee's lead, ask clarifying questions and facilitate the expression of the interviewee's lived experience (Kvale, 1996). These conversational interviews allowed the researcher entrance into the elderly residents' world and became an excellent source of data (Gubrim and Stein, 2001). In the beginning, the interviewer started conducting interviews by introducing questions; such opening questions may yield spontaneous, rich descriptions where the subjects themselves provide what they experience as the main dimensions of the phenomena being investigated (Kvale, 1996). Then, the interview continued with follow-up questions where the subjects' answers may be extended through a curious, persistent, and critical attitude of the interviewer. This can be done through direct questioning of what has just been said (Kvale, 1996). Also a nod or "mm" or just a pause can indicate for the subject to go on with the description (Kvale, 2007).

The interviewer's ability to listen to the things that are important to the subjects and at the same time to keep in mind the research question of investigation is the key issue

during an interview (Kvale, 2007). Thus, during each answer from the interviewee the researcher tried to listen quietly and with showing interest. The interviewer's ability to listen actively to what the interviewee says can be more important than the specific mastery of questioning techniques (Kvale, 2007). Then, the researcher also asked some probing questions for further clarification in such a polite manner, at the same time, showing genuine concern and interest in the ideas expressed by the interviewees and also maintained an impartial and objective attitude. These questions encouraged the interviewees to elaborate on their responses to the question freely and to further expand and clarify their responses (Polit and Beck, 2004).

During the interview, the directive of questions and the manner in which the researcher asks the questions can affect the way that the interviewees tell their stories, which can also affect the possibilities of getting potential new and rich information from the interviewees (Ryan, 2011). Thus during entire interview period, the interviewer remained open and flexible, which helped in understanding the lived world of the interviewees from their own point of view (Dowling, 2005). During each interview, the interviewer also listened to the interviewee without any prejudice, allowing the their description of their experiences unfold without interruption from the interviewer's questions and the presuppositions these involved (Kvale, 1996). This also let them talk freely as the interviewer asked follow up questions in between the questions from the interview guide to keep the flow of the conversation going (Kvale, 2007).

Since one cannot register non-verbal communication on audio-tapes, the researcher sometimes made notes following the interviews in relation to clothing, facial expression, tone of voice, and gestures, as well as other things that the researcher deemed to be important to the analysis (Kvale, 1996).

Each interview was recorded with a digital audiotape recorder at the same time as the interview was taking place. The words and their tone, pauses, emotions and the like were recorded in a permanent form that makes it possible to return to again and again for re- listening (Kvale, 2007). During all interviews, the researcher used a digital audiotape recorder because it could provide a high acoustic quality and can record for many hours without interruption. The recording can then be transferred directly to a computer where it can be stored and played for analysis.

Each interview lasted for 50-60 minutes. All the interviews were concluded when the researcher felt that there was no more new information emerging (Van Manen, 1997). Each interview then closed with a debriefing by the researcher asking the participant if there was anything left that they wanted to ask about before the researcher finished the interview. This gave the interviewees an additional opportunity to deal with issues that they may have been thinking or worrying about during the interview (Kvale, 1996). At the end of the interview, the researcher thanked all the interviewees with a warm and friendly smile for their valuable time and the information they had shared.

4.8 Transcribing

Transcribing involves translating from an oral language with its own set of rules to a written language with another set of rules (Kvale, 1996). Transcribing interviews from tape recorder to text involves a series of technical and interpretational issues, whereas conventional verbatim transcription involves only few standard rules. Thus, the researcher found conventional verbatim an appropriate transcribing procedure for this study; it is also a useful transcription style for linguistic analysis (Kvale, 1996).

Development and recognition of important themes and concepts started as soon as the collection of data commenced (Polit and Beck, 2004). After each interview was

completed, the audio tape recording was played and replayed, reflective notes were made, and all the interviews were transcribed in conventional verbatim. In conventional verbatim transcription each word of the participants is transcribed, along with some aspects of nonverbal communication (Poland, 1995). It was important to transcribe as soon as possible following the interview, while the ambience of the encounter was still fresh (Poland, 1995). All the oral interviews were undertaken in the Nepali language and then translated, into English for the purposes of this paper. During transcription some grammatical changes have been made, although with great care has been taken to try and avoid the risk of altering the content. The researcher carried out all transcription of the interviews alone. A researcher who emphasizes the mode of communication and linguistic style may choose to do their own transcribing in order to ensure attention to the many details relevant to their specific analysis (Bailey, 2008).

Once the interview was transcribed, all identifying characteristics relating to the participants were changed. All information was collected using pseudonyms to minimize the possibility of identifying the individuals involved in the study. The participants' general demeanor, body language, interruptions, emotions and changes in tone of voice were also included in the conventional verbatim transcription. These non-verbal interactions were written in brackets, for example, short sharp laugh, phone ringing, sighs, coughs, crying, head nodding, hand gestures, etc. This can provide a great deal of insight into both the nature of the conversation and also the informational content of the conversation (Kvale, 2007). Filler words such as hm, huh, mm, uh, um, uha, hhh, aha, ah, etc. were not included in the transcription in order to avoid cluttering the text and also because these were not relevant for later analysis (Bailey, 2008). Brief pauses during the conversation were marked with three

dots (...) and long pauses were presented in the text in brackets (long pause). Consent forms and all the transcriptions of the interviews were stored separately and kept secure at all times. In addition, all the audio taped recordings and texts will be deleted when they are no longer of use. All the computer texts files can only be accessed by the researcher. All the collected data comprises 65 pages double-spaced text with detailed descriptions of the participants' lived experiences of living in an elderly care home in Kathmandu.

4.9 Data Analysis

The main aim of data analysis is to highlight findings that could explain something that was not previously known and can contribute to new reflection (Kvale, 1996).

There are many different steps of data analysis to uncover the treasures of hidden meanings in the interview texts. According to Kvale (1996), which methods of analysis are appropriate depends on the basis, purpose and topic of the investigation and the nature of the interview material. In this study all the transcribed interviews have been analyzed and interpreted using the qualitative content analysis method as described by Kvale (1996): namely, self-understanding, critical commonsense understanding and theoretical interpretation. Since this study aims to get rich data on the living experience of elderly residents in an ECH, the researcher found this method to be suitable and effective for analyzing the data materials of this study. Within these three levels of interpretation, five analytical steps were made to represent all the transcribed interview texts at a higher level of abstraction and explanation, while retaining the wholeness and complexity of the phenomenon. Here the data analysis process that was undertaken is presented step by step.

4.9.1 Self-understanding

Step 1. The self-understanding level of interpretation means that the interpreter tries to formulate what the informants seem to perceive as the meaning of their own statements (Kvale, 1996). Here, the researcher attempts to condense and formulate what the interviewee himself understands as the meaning of what he describes (Kvale, 1996). In the first step, the researcher established an overview of data. For this, the researcher read through all 65 pages of the transcripts to get an impression of the whole, looking for preliminary themes associated with the participants' experience of living in the ECH. After achieving an overall impression from the first reading, the researcher identified some preliminary themes of the whole. These preliminary themes were related to the phenomenon of the study. These preliminary themes are starting points for organizing data, but do not constitute categories or results, which require further elaboration with systematic critical reflection (Kvale, 1987).

Step 2: After understanding the content of the preliminary themes, the analysis process moved into second step of analysis. Here, all the interview texts were read again line-by-line to identify meaning units with different key terms and aspects that the participants had expressed and that were related to the themes that were recognized initially as preliminary themes. A meaning unit is a text fragment containing some information about the research question and also has sequences of the text that have a meaning of their own (Kvale, 1996). Only parts of the whole text are meaning units, not every element of the talk will include text of relevance or that contains contextual information (Kvale, 1996). Thus in this step, only those meaning units were selected that provided some knowledge about the elderly residents' living experience in the care homes. The meaning units were then marked and color-coded with different numbers and keynotes in the original documents in order to make it

easy to revert and see the text in its original context. In this step, the meaning units were extracted again and condensed. Then, the specific content from these meaning units was abstracted and written in a more general form (Kvale, 1996). Meaning condensation entails the reduction of large blocks of non-essential interview texts into a briefer and more succinct formulation, where the main sense of what is being said is rephrased in a few words (Kvale, 1996). While condensing meaning units, the participants' own words were emphasized by the researcher as simply as possible in order to retain the originality of the statement they expressed (Kvale 2007). These first two steps of analysis still fall under the level of self-understanding. Examples of meaning units and condensed meaning units are presented in table below.

Table No. 2 Example of Meaning Units and Condensed Meaning Units

Meaning Units	Condensed Meaning Units
<< Tears never fall from my eyes. Yes (...) I have a strong faith and devotion towards god and goddess. Here we can involve in many religious activities in a holy way, which keep us pure, happy and content at all times. If I miss this holy prayers and hymns, then you know (...) I go mad.	Believing in god and goddess strongly, involving in religious activities.

During the meaning condensation, a hermeneutic circle also became prominent. In the hermeneutic circle, understanding of the meaning of the text takes place through dialectic movements between the whole and the parts of the text to gain understanding, explanation and interpretation from what the text says and what it actually talks about (Kvale, 1996). Thus, while identifying and condensing meaning

units, the researcher followed the back and forth process between the parts and the whole from the hermeneutic circle, where the meaning of the separate parts are determined by the global meaning of the text, as it is anticipated (Kvale, 1983).

After condensing the meaning units, all the meaning units were abstracted and labeled with a code. The whole context was considered when condensing and labeling meaning units with codes to obtain a deeper understanding of the meaning of the statement (Kvale, 1996). Coding involves attaching one or more key words to a text segment in order to permit later identification of a statement (Kvale, 2007). While coding the participants' statements, priority was given to keeping their own words but sometimes the researcher also used some logical common sense to create suitable codes. The steps of analysis therefore progressed towards the critical common sense understanding, since it emphasizes description and interpretations in a higher logical level (Kvale, 1996). Here, all the codes that were identified during the coding process were read independently by the researcher and the thesis supervisor to come to a consensus in the essential themes and structures. After coding all condensed meaning units, the analysis process moves into the critical commonsense understanding.

4.9.2 Critical Commonsense Understanding

Step 3: Critical commonsense understanding is the second level of interpretation mentioned by Kvale (1996), where the interpretation is made within the understanding of the general public (Kvale, 1996). The researcher's interpretation here goes beyond the subject of self-understanding, what the interviewee himself experiences and means about a theme (Topic) while remaining on a broad commonsense level of understanding (Kvale, 1996). The researcher here attempts to

get at the spirit of what is said, extending its meaning by reading between the lines and drawing in broader contexts than the interviewee does (Kvale, 1996).

This level of interpretation involves adding general knowledge about the context of the statement expressed about the phenomenon of “ residents experiences of living in the care home”. Here, all the codes were organized into different sub-themes by using critical common sense of understanding. Sub-themes were threads of meaning running through the different codes (Kvale, 1996). While organizing sub-themes based on the different codes, the researcher’s pre-knowledge and some theoretical frames of reference were also used, which were related to the study phenomena and aimed to produce rich textual descriptions of the experience of selected phenomena. This also helps to obtain a valid and deeper understanding of the meaning of a text (Kvale, 1996). After this step, the analysis process moved into step 4.

Steps 4: In this step, all important sub-themes were again abstracted and condensed into one main theme along with five themes. Since majority of the participants seemed to talk about their experiences of being happy, feeling satisfied, enjoying life and having a sense of well being, etc., at their care homes, the core theme of “thriving” at the ECH emerged. Now all the findings of this study were ready to be illuminated in a theoretical understanding. An example of theme, sub-themes and codes are depicted in the table below.

Table No. 3 An example of Theme, Sub-Themes and Codes

Theme	Having a better and happy life		
Sub-themes	Feeling safe and secure	Living like in a haven	Feeling satisfied
Codes	<ul style="list-style-type: none"> ➤ Good rules and regulations ➤ Good routine for daily activities ➤ Good facilities of all basic needs ➤ Regular health check up ➤ Home like environment 	<ul style="list-style-type: none"> ➤ Stress free ➤ Blessed by God ➤ Loving and caring friends ➤ Not regretting to be here ➤ Wonderful place for living ➤ Enjoyed with care home life 	<ul style="list-style-type: none"> ➤ Much easy and comfortable life ➤ Happy and improved life ➤ Cooperative and helpful staff ➤ Good opportunities for religious involvement

4.9.3 Theoretical Understanding

Step 5: This level of interpretation goes beyond the subjects' self-understanding and commonsense understanding, thus a theoretical frame for interpreting the meaning of statements is set up (Kvale, 1996). This level of interpretation is validated by a community of researchers as peer validation, since an evaluation of the validity of a theoretical interpretation presupposes a specific theoretical competence (Kvale). For this final step of analysis, the researcher found some relevant theories and previous studies to illustrate and discuss the findings from this study. A systematic review of previous researches also was undertaken during the entire process of research. Further descriptions and interpretations of the meaning, based on the participant's statements,

are discussed in detail in the chapters on findings, whereas the theoretical understanding is presented in the chapter on discussion of the study. An overview of the analysis steps of this study is presented below.

Table No. 4 An Overview of Analysis Steps

Context of Interpretation					
Kvale's three levels of understanding	1. Self-understanding		2. Critical common sense understanding		3. Theoretical understanding
Current research steps	1. Identifying meaning units through reading	2. Condensing and coding meaning units	3. Organizing codes into different sub-themes	4. Developing new themes based on the sub-themes	5. Illustrating theme from theory

4.10 Validity and Reliability

Qualitative research is often criticized as being biased, small scale, anecdotal and/or lacking rigor; however, when it is carried out properly it is unbiased, in-depth, valid, reliable, credible and rigorous (Polit & Beck, 2004).

The validity and reliability were maintained throughout the study process using several steps. Reliability pertains to the consistency and trustworthiness of research findings (Kvale, 1996).

In order to establish reliability, the researcher chose participants who had experience with the research subject and a genuine interest in taking part in the interviews (Kvale, 1989). The researcher also tried to create a calm and relaxed atmosphere during the interview in order to make the participants feel comfortable about expressing their feelings and experiences (Kvale, 1989).

Issues of reliability also arise in connection with the transcription and analysis of interviews, pertaining to whether different transcribers and analysers will come up with similar transcriptions and analyses. All the interviews were tape-recorded and transcribed by the researcher alone. The analysis of the text and the synthesis of the findings were also performed by the researcher alone, since the study was only the work of the researcher, which helps the researcher to ensure attention to many details relevant to their specific analysis.

The validity and reliability of the study depends on whether the study actually provides answers to the research questions. Kvale (2007) says that validity refers to whether an investigation yields correct answers. On the other hand, reliability means that investigations of the same phenomenon by the same method will yield the same answer, which means the findings are consistent. Throughout the interviews, the participants were asked follow-up questions to clear up any misunderstanding created during the interview. Kvale (2007) calls this “communicative” validation. During the interview, follow-up questions were also posed to ensure the participants’ understanding (Kvale, 2007). The coding, categorization and organization of sub-themes into a main theme were done by the researcher and reviewed by the study’s supervisor in order to validate the coding and categorization.

Kvale (1996) also emphasizes “member validation”, which is allowing participants to read through the data and analyses and provide feedback on the researchers' interpretations of their responses, which provides researchers with a method of checking for inconsistencies, challenges the researcher’s assumptions, and provides them with an opportunity to re-analyze their data. Unfortunately, this step was not possible in this study since the participants live in Nepal and the researcher lives in Norway.

In addition, the researcher’s friend, who was not involved in this project, read a large part of the transcribed interviews to verify the interpretation of the study (Kvale 1996). The criterion for validity is whether a consensus may be obtained that an interpretation is reasonably documented and logically coherent (Kvale, 1996). In the study, most of the interpretations were found to be reasonable, and if there were doubts about an interpretation, current parts of the interviews were re-read and the meanings were reassessed.

It was also important for the researcher to demonstrate validity by remaining close to the participants’ own voices in order to ensure confidence in the truth of the study (Kvale, 1989). The interpretation was performed in several steps, by reading and re-reading the text in order to remain as close as possible to the participants’ own expressions (Kvale, 1989).

The main task in interviews is to understand the meaning of what the interviewees express. The interview guide focused on the main variables in the research questions that may have increased the interview’s validity, insofar as every participant was asked the same questions (Kvale, 1996).

CHAPTER V

FINDINGS OF THE STUDY

Analysis of this study has revealed one main theme and five themes regarding elderly residents' experience of living in two ECHs at Kathmandu. The following section elaborates on the main theme and sub-themes, and provides quotations from the interviews to illustrate the participants' experiences.

In this study, the main theme "Experience of thriving in the elderly care home" revealed the participants' subjective experience of being well and content in relation to their living in the ECH. A total of six participants were involved in the study. Half came from poor family backgrounds and were previously homeless, helpless, and did not have anyone to look after them. Those participants had no other options and were obliged to live in these elderly care homes. The other participants belonged to middle class families. However, they said they were compelled to live in the ECH because their family members and relatives neglected and maltreated them. All the participants were from different geographical locations and were of different castes, ethnic groups, and Hindu cultural backgrounds.

Deeper study, however, revealed that the majority of participants had led a hard and bitter life before coming to live at the ECH, and that the ECH had drastically changed and improved their lives. The participants said that they had left their past and bitter memories far behind, and were moving on in life. They expressed the view that life now included ample happiness and satisfaction. The majority of participants claimed that life now was comparatively much better at the ECH-with only one participant

conveying that he was not happy living at the ECH and that he wanted to return back home.

The main theme, "experience of thriving in the elderly care home," was comprised of five themes:

- Establishing and fostering social relationships
- Engaging in meaningful daily activities
- Living a happy and better life
- Feeling valued and respected
- Feeling optimistic about living in the ECH

5.1 Establishing and Fostering Social Relationships

This study found that in order to thrive at the ECH, close and courteous relationships with fellow residents and staff were crucial for a majority of participants. Most participants reported that their lives were worse before living at the ECH. Unlike in their current lifestyle, previously they had no one to take care of them or to talk to; they led lonely, hopeless, and helpless lives. But now these people share a strong bond of friendship and have a sense of belongingness with their fellow residents. Their thriving social relationships with other residents and staff allow them to support one another.

This study reveals that the majority of participants developed and fostered their relationships with fellow residents. The following quotation illustrates this:

"Initially, I was fearful about the environment of this care home. I also wondered about the likely situation and I had a mindset that I would return back home if things did not turn out to be good. But, you know (...) once reaching this place; I found it

better than I had worried about before. It is really good here (...) because I have very nice, loving and caring friends here."

The majority of participants also stated that after entering their care home they found cooperative, kind and supportive friends, and due to those close friendships, their lives became much easier and more comfortable. As one participant expressed it:

"Since I arrived to this home, I have had no problem for food and shelter like before. I have many friends here now, who would support me in every difficult situation. It has become pretty easy and comfortable to run my daily life here."

Some of the participants also appreciated the services (care and help) provided at the ECH and acknowledged the level of care and support they receive from the care home staff (including nursing staff). One of the participants said:

"Everyone here at the ECH is well known to me. I have been living here since its foundation, when it started with 10-12 members, including me and the founder's father-in-law and mother—who were recently died a few years ago. All staff here offered me a lot of love and care."

It is a well-known fact that good companionship provides genuine intimacy and emotional support. During the interview, many participants reported that they shared deep feelings, intimacy and trust with their fellow residents. One participant effectively illustrated this point:

"At times, I tend to get bitter feelings. But then (...) I confront the sour feelings by convincing myself that anywhere one lives is the same. I am happy to live with such wonderful friends who share cordial relationships with me and give me a lot of love. We talk about the ups and downs of our lives and share our stories with each other. It

is really a good experience for me though. I am really enjoying my stay here and I do not feel lonely at all."

Most participants said they had maintained positive, supportive and meaningful social relationships with their fellow residents. They emphasized that they had a nice time together with their ECH peers, with whom they could talk in a satisfying way and could spend time with to the extent that they wished; they could be open and talk and laugh together and share good times and bad. During the interview, most participants talked comparatively more about their relationships with fellow residents than the caregiver and their family. They also expressed the view that the affection and reciprocity between fellow residents and themselves was an opportunity for meaningful daily life in the care home.

5.2 Engaging In Meaningful Daily Activities

Participants discussed their involvement in activities that they considered to be the most enjoyable and meaningful for themselves. For the majority of participants, having opportunities to engage in meaningful daily activities, organized by the care homes or initiated by the participants themselves, significantly influenced their sense of well being and thriving. Daily routine activities organized by both care homes were simple and flexible. The activities that participants considered most pleasant and meaningful included: visiting temples early in the morning; doing yoga and meditation; going for walks (especially morning walks); sitting in the courtyard or care home's garden and basking in the sun, at the same time chatting with friends; and weaving sacred cotton threads (*kawasko batti*) together with fellow residents. They also mentioned helping others in their daily activities and participating in religious activities organized by their care home, such as listening to and singing *Bhajan*

(religious songs), participating in *Puja* (praying to and worshipping gods and goddesses), listening to religious stories from *pandits* (Hindu priests), and reading religious books (e.g. *Ramayan, Mahabharat, Geeta, Swasthani*).

Most of the participants in both ECHs led active lives and were relatively healthy; they were able to carry out their daily activities as well as take care of themselves. However, two participants needed help laundering their clothes and bed linens. The study revealed that the majority of the participants continued to engage the greater portion of their everyday life in activities they identified as important.

All the participants of this study belonged to the Hindu religion and most had a strong faith in gods and goddesses. Thus, they loved to participate in various religious activities organized by the care homes. Most of the participants stated that their days began with visiting temples early in the morning before breakfast. According to Hindu religion, people believe that they must visit temples for *puja* (worship and prayer) with an empty stomach as well as with a pure and holy soul, mind and body. Most of the participants reported that they visited the temple every morning and carried out *puja*; this gave them a sense of being connected with God. They believe that God's blessing at all times made them feel happy and content with their lives. They also believed that if gods and goddesses were happy with them, they would never have to face any hardships again in their lives. Therefore, visiting temples for the majority of them was part of meaningful daily life. The following quotation is a typical example: "*Due to mercy of God Shiva, I got shelter at this home. It is better to live here in the lap of Lord Pashupatinath than live alone with a struggling life.*" Another participant believes that faith in God makes life easier. This participant stated that:

“I usually wake up at 5 am every morning and then freshen up and start cleaning my room and corridor as early as possible every morning. Then I pray to God for a while and then I go to Pashupatinath Temple to worship. God is everything to me. He always helps me and blesses me. For most of us, God is not only an omnipotent bestower of peace and blessing, but also the owner and director of our lives.”

The majority of the participants also said that they loved and enjoyed participating in yoga and meditation every day, especially in the morning. Some participants who resided at the private ECH reported that they were provided yoga and meditation class every morning from 6am-7am, but a few months ago, staff stopped providing these facilities because of on-going reconstruction work at the care homes. Most of them believed that doing yoga and meditation helped them to be active, healthy and lead a meaningful life. Some participants also mentioned that yoga and meditation helped them achieve relaxation of their body and mind, and helped to reduce mental stress. One of the participants stated: *“I do yoga and meditate every day in the morning and I feel relaxed after doing this. You know! ... You do not feel any sadness or difficulties after doing this.”* Another participant also said that she loved to do yoga and meditate every day, stating: *“I usually wake up at 5 am in the morning, freshen up and do yoga and meditation for half an hour.”*

The next participant articulated that because of health problems, she could not continue her yoga and meditation, which she really loved doing and considered an integral part of her daily life. The following quotation illustrates this: *“I used to do yoga and meditate every day, but I have to skip it nowadays because of the problem in my back.”* The majority of participants considered both activities— visiting temples and doing yoga and meditation— as very enjoyable and meaningful activities of their daily life, and this gave them a sense of wellbeing. Further, for most participants,

going for a walk, especially in the morning, was considered one of the more pleasant and meaningful activities of their daily lives. They believed that going for morning walks helped them to stretch their bodies and legs, keeping them more active and healthier. The following quotation illustrates this: *“Yes, we have to stretch our legs. That is the reason why my cousin told me to walk, and I used to walk every morning with the help of a stick.”* Another participant pointed out that although he loved and enjoyed morning walks, due to the cold season he could not continue with them; instead, he goes for evening walks. He stated it this way: *“I go for little walks every day. But, nowadays it is so cold in the morning; so I walk in the evenings.”* It was the winter season in Nepal when the interview for the study was conducted. In Nepal, even in winter it is not very cold during the day, it gets colder only during nights and in the wee hours of the morning, when the temperature drops to around 5-6 degrees centigrade. During this season, most Nepalese like to stay outdoors during the day and bask in the sun, because most old buildings there do not have central heating systems. Hence, staying inside homes is colder than staying outside.

All the participants in the study reported that they greatly enjoyed sitting in the courtyard or care homes’ gardens, spending blissful moments basking in the sun and chatting with their fellow residents for hours. All participants agreed that this activity was extremely enjoyable, relaxing, and meaningful to them. It offers a medium of social interaction, happiness and satisfaction. The following quote illustrates this: *“I generally have lunch after bhajan (hymns) and then sit outside under the sun with other friends.”*

All the participants emphasized that sitting in their courtyard or garden with warm sunlight after lunch was really a delightful moment for all; it was a popular and common activity among most of the residents in both care homes. As one of the

participants said, *“After lunch, I take a sun bath, and at the same time, I meet and talk with my friends. I really love it.”*

Similarly, all women participants in the study also reported that they enjoyed weaving sacred cotton threads every day for worshipping gods and goddesses. They considered this activity a common creative pastime, one which was enjoyed in the company of friends. Talking with their fellow residents also gave them a sense of communion. This was a preferable activity for all the women participants. While some women did it for fun to keep busy, a few others did it to make a little money. Thus all women participants perceived it as a meaningful daily activity. One of the participants stated:

“I used to weave around 100 sacred cotton threads each day for worshipping gods and sometimes, I also sell it to make a little money. Then, I buy new cotton roll again. I think that it would be good to do something instead of just sitting and eating.” For this participant, it was a good opportunity to have something to do that makes her daily life more valuable and meaningful. Another participant also spoke about weaving sacred threads as holy and meaningful work, explaining:

“I also burn incense sticks and then I weave scared cotton thread until lunch time, and sometimes, even after dinner. I usually go to bed at around 8-9 pm, but sometimes it gets difficult for me to fall asleep; so then I again start weaving threads for a few hours before I can get back to sleep.”

For the majority of the participants of the study, various religious activities organized by both care homes were among the most enjoyable and meaningful activities for them. Most reported that they enjoyed and felt very happy and satisfied at the chance to listen to *bhajan* (religious songs) and religious stories from *pandits* (Hindu priests),

and to read religious books (e.g. *Ramayan, Geeta, Swosthani*). One of the participants expressed this as:

“Tears never really fall from my eyes. I have a strong faith and devotion towards God. Here, we are involved in many religious activities in a holy way, which keeps us pure, happy and content at all times. If I miss holy prayers and hymns, I feel really mad.”

Thus, the majority of the participants in the study believed that having opportunities to participate in various meaningful daily activities at the care homes intensified their feelings of being active, healthy and satisfied, and also contributed to their ability to thrive there.

5.3 Living a Happy and Better Life

Participants' happiness and satisfaction with their present life at the ECH was measured with all participants except one reporting being satisfied with their current situation and also seeming to be happier at the care homes. This, according to them, was because they had sustained troublesome and isolation in the past, but after coming to the care homes their lives were drastically improved and now they were leading good and worthwhile lives. The following statement illustrates this perspective:

“In fact (...) there is a quite difference between home and here. Yes (...) I ought to do a lot of work every day at home, but here less work is to be done. I had a very hard life before. I used to be burdened with the whole household responsibilities to raise my daughter alone, for which I had to struggle a lot. My relatives were also irritated

about taking care of me after my daughter got married. But after coming to this place, my life has changed. Now, I do not have to face any sort of pain or challenges at all.”

According to this participant, her conjugal life began very early and her daughter born when she was just 18 years old. Unfortunately, her husband died when she was 20 years old. Her daughter grew up and got married, after which, she (the participant) became completely alone. Thus, she started adult life with support from her husband's family, but after some years, those relatives began to humiliate and neglect her. In Nepal, there is still a traditional belief that parents should not live with their married daughter and her husband's family. Thus, this participant was compelled to live in the elderly care home, although her daughter used to pay for her living expenses every month. Another participant further articulated that after coming to the elderly care home, her life became extremely happy and stress-free. The follow quotation illustrates her view:

“I am pretty happy here. I could not make everyone happy. I had to hear so many ill words and also had to take entire responsibility of their (her sister’s family) home affairs. My life was extremely hectic during that time. But (...) here everyone loves and cares for me. I don't have to take any big responsibility here and my heart feels so happy when I get involved with religious hymns and activities every day here.”

According to this participant, she got married when she was just 13 years old, but a year later her husband suffered badly from malaria fever and passed away. After that, she lived with her sister and her sister’s family. However, later they began to mistreat her until she was compelled to live in the care home.

Most participants indicated that they now had better and more comfortable lives than in their previous days. They believed this because they had sustained very difficult

and unsecured lives in the past. Half of the participants articulated that they did not have their own homes, and thus lived with their relatives and sometimes even in the streets. According to them, they used to work very hard to sustain their lives but received very low wages. Sometimes they did not have food to eat. They also admitted that they were not able to get good jobs to earn enough money to sustain their lives because they were illiterate. The following quotation illustrates this statement:

“Life is really good now. I had never though this ECH and my life over here 13 years ago. But now my life has become extremely happy and easier. Before coming here, I used to work very hard for living. I even had spent some days without eating. I had to work from 8 am in the morning till 8 pm in the evening, but I got paid very little money.”

Those participants who resided at the public ECH believed that they were the luckiest elders now because they were getting every necessity, such as food, shelter, clothing, health care, and even medicine when they got sick, totally free of cost. They even receive some pocket money every month from the care homes and, sometimes, from donors from foreign countries. Those participants who resided at the private ECH had to pay for all living expenses every month. However, even though they had to pay for their living expenses, all participants except one indicated that they were very happy and satisfied with their present lives at the care home.

During the interview, the majority of participants reported that the provision of medicines, clothing, and other amenities, as well as the privilege of religious activities, eased their stay at both the care homes. Thus, most participants believed that they were living in a paradise. As one participant expressed it:

“Absolutely, this place has been heaven for me, and it is more than I had expected. You know, what will happen if I cannot work? I cannot imagine my life had I not been here. I used to be frightened, imagining the consequences if I was not here. I am provided with good food, shelter, clothing and a good routine to spend my days, which has helped to uplift my life here.”

Another participant articulated her view on this issue as:

“Well (....), I have experienced a huge difference in my life before and after coming to this place. Earlier, I could not fill my stomach without working (...). I had to work hard even though I was sick. But here, I feel like I am at heaven. I do not have to worry about food, clothes, and medicines, and so on. At least I am happy living out here. I do not have any complaint as such. I have no problem at all sustaining my life here.”

All the participants (except one) were residing in a common room and common block with other residents, but none had any complaints. They seemed like they were living for each other and felt satisfied enough simply by helping and sharing with each other. Most participants considered themselves blessed by God for having such a wonderful place to spend their rest of their lives, even if it meant that they were living with many other residents under the same roof. Thus, in the study the majority of participants seemed very happy and satisfied. Over the course of the entire interview, it was found that only one participant (who resided at the private ECH) had his own private room, and was completely dissatisfied with living at the care home. The main reason for his dissatisfaction was because he had to stay at the ECH against his will. A typical expression from him regarding his view:

“What to feel, what to express, you know that (...) I am staying here by compulsion. You know, I really (...) wanted to live up with freedom, but my daughter-in-law confined me in this place. I really feel sad for being forced to live in a room despite having my own home.”

According to this participant, he underwent a lot of hardship during the later years of his life, after death of his wife and son (who died at the age of 32). After the death of his son, his daughter in-law and grandchildren migrated to Australia and then he had no one to look after him. He struggled to survive alone for a few years, but since he suffered from diabetes, hypertension and asthma, it was difficult for him to live alone. Thus, for some years he had hired a lady caregiver but, unfortunately, she turned out to be a fraud. After that he stayed with his relatives for a period, but again, he got deceived by them too. Later, when his daughter in-law came to Nepal, she brought him to this place. He was also dissatisfied because, according to him, he was not provided the promised level of quality for services, such as good meals on time, proper hygiene and sanitation, and timely medical checkups, and also complained that he was not getting proper health and nursing care when sick. He said that since he was not provided with the promised level service, his life was worse than before. Consequently, he still wanted to go back to his home where he could be free and live his own life.

5.4 Feeling Valued and Respected

The feeling of being “valued and respected” was described by a majority of the participants as feeling valued as a resident. Most had experienced harsh lives, been humiliated and abandoned by their relatives, and some had even spent most of their lives being homeless. After coming to ECH, they felt respected as humans by

everyone. One of the participants expressed her feeling of being valued and respected this way:

“They (staff) say (...) if this old lady dies, the charm of this elderly home will go. Truly saying, everyone here respects me, loves me and takes my permission if they want to go out for a few hours, because, I have been nominated as the leader of the accommodation block. Yes (...), I truly feel respected here.”

According to this participant, her arrival at the care home had been defined and admired as an auspicious symbol of good fate for the care home because of her friendly and helping attitude. Thus, everyone in the care home liked her and followed her. She would help anyone who was in trouble as well as sometimes organize religious activities, which the other residents loved. A typical statement from her was: *“After returning from Pashupatinath Temple every morning, I offer hot water and tea together with Prasad to other residents in my block and this really gives me a lot of satisfaction.”*

Another participant said that she also felt valued and respected by all at the care home. She expressed it this way: *“Yes, it is true that no one scolds me here, and instead, everyone likes me and respects me. I am known by the name Smiley Lady at the care home. The owner of the care home and his wife also love me and respect me; and I like them a lot too.”*

Another participant further articulated that because of her honesty and helping virtue, everyone at the care home trusted her and respected her. Her viewpoint is illustrated in the following quote:

“Everyone trusts me and respects me here for my sincerity and integrity. So, they (staff and fellow residents) prefer me as an assistant when someone falls sick. This makes me feel very proud with my life here.”

According to this participant, she used to help other residents if someone fell ill and needed to be hospitalized. She would go to the hospital and look after sick fellow residents by providing company in the hospital. In Nepal, most hospitals ask for one visitor to stay 24 hours with the patient; she used to be that visitor for her hospitalized fellow residents. Therefore, according to her, everyone trusted and respected her.

Another participant of the study, who also used to help and take care of sick and disabled fellow residents, expressed the view that he felt dignified and gratified by providing volunteer service to sick and disabled people at the care home, saying:

“After a year of my arrival here, I started helping sick and disabled people in this care home as a volunteer caregiver. I fed those who desperately needed support to get a meal and I also did religious readings for others. From this, I received praises, felt loved and was also respected by all, which made me feel glorified.”

Most of the participants in the study seemed to be happier and satisfied by being valued and respected by others, which could contribute to their thriving at the care homes.

5.5 Feeling Optimistic about Living in the ECH

The majority of participants felt optimistic about living in the elderly care home. Most of the participants believed that the care home was the best and only possible place for them to live out the rest of their lives. The two following statements illustrate this attitude.

“Where to go? I have no one to go to visit. I am old and weak now. So, I think (...) there is no place to stay and get love and care. You know! It has already been 14 years that I have been living in this home. I cannot even think of a better place than this; I just wish to die here without any sickness. Yes, I think it would be good to die easily without any problem. You know what that means? Death while under the sun or just lying on the bed here!”

Another participant further stated:

“Well honestly speaking (...), I have not seen my destiny elsewhere than this place (...). It is a wonderful place to live. I would love to serve the sick and disabled people here to my level best. This voluntary service really gives me satisfaction as well as brings happiness to me. I do not know what will happen in the future. But, by the blessing of God, I wish to live my remaining days here with happiness and satisfaction.”

The majority of participants reported that they had faith in and a deep attachment to the care home. Therefore, most of them perceived the care home as their permanent home—and were willing to share their fate with the care homes till their last breath. The following quotation was typical of this belief:

“I don’t want to go anywhere else. The most important thing for me now is home and this is my home now. You know! We can manage food and other basic needs from anywhere but not like this home (...). This home is the best place for me and I am very happy to be here and I want to die from here.”

Some of the participants also pointed out that they looked upon care home living as a privilege and also had an attitude of hope that the care home could even improve the

quality of care and facilities in the future. One participant expressed her view on this issue:

“Well (...), I am praying to God to not transfer me anywhere else from here. I want to stay here. I believe if a good and capable leader comes in the management (...), I dream of the day when this elderly home will be better facilitated, and will provide quality services.”

Most participants also emphasized that they only desired to stay at the care home and were not willing to return to their previous lives. The following two quotations illustrate this.

“It is really quite uneasy to stay at my daughter’s home with her husband and her mother-in-law. I don’t wish to go back to live together with these people again. They (care home management and staff) have fulfilled our every basic need like food, shelter, clothing, and I believe I cannot find such facilities anywhere else.”

Another participant stated, *“No (...), I will not go anywhere. I do not have any love for my relatives. Yes (...), I want to stay here. I can see my future better if I stay here till the end of my life. My attachment with my relatives has already been shattered since the day they sent me here. I cannot even dream of going back there again.”*

In the study it was found that, for both care homes, all participants except one seemed very positive and optimistic about their living there. Most participants believed that their strong willpower and positive attitude towards made a very important contribution to their thriving lives at the care homes. Although the majority of participants seemed to be very positive and optimistic about their lives at the care homes, one participant in the study demonstrated a completely negative attitude

towards living there. This participant strongly believed that he could not thrive at the care home, and thus expressed his wish to leave in the future. According to this participant, he was annoyed and hopeless about his future; he was not able to foresee his future there. Thus, he was looking forward to returning home someday. The following quotation typically illustrates his thinking:

“I am sincerely telling you that I really don’t wish to live here in the future; rather, I want to go home and live freely. I don’t have any intimate supporters, nor do I have my relatives around me. I have to stay here by force until and unless my daughter-in-law starts the process to get me out of here. Unfortunately, I think (...) I will have to spend my remaining life in this home. I think I will die here. I have seen people die here, and probably the same will happen to me as well. No one has gone back to his or her home from here. So, probably, I will also end up dying here. But I am not ready to die here!”

CHAPTER VI

DISCUSSION

The main aim of the study was to investigate the residents' lived experience of living in the elderly care home at Kathmandu. From a deeper analysis of the study, one major theme emerged along with five themes. This section of the study will elaborate on the understanding of the findings. This study took place in two ECHs in Kathmandu. The nursing homes and aged cared homes in developed countries may differ from the elderly care homes in Nepal. Thus, the findings from other cultures may differ from the findings of this study.

One major finding of the study revealed that the majority of the participants reported that they experienced thriving in both elderly care homes. To date, there have not been any previous researches conducted explicitly on the experience of thriving among elderly care home residents in Nepal; however, several research findings from other countries seem to be consistent with the findings from this study. Thus, here, I will elaborate and illuminate the findings of this study with support from other previous studies and research findings from other countries.

Some of the findings of present study are in line with the previous studies by Bergland and Kirkevold (2006) and Haight et al. (2002). According to Bergland and Kirkevold (2006), thriving has been found to be a useful concept for capturing the experience of well being in nursing homes. In their study, it was found that the most important aspects that contribute to thriving, were the resident's attitude to becoming a nursing home resident and the quality of care, in the sense of having their care needs met (Bergland and Kirkevold, 2006). The "experience of thriving" is also in line with

a previous study by Haight et al. (2002), which indicates that a resident's thriving involved both the individual and how he or she perceived the care situation, as well as various kinds of human interactions and relationships, in addition to factors in the physical environment.

Another important finding in the study, "Establishing and Fostering Social Relationships", demonstrates the importance of forming appropriate relationships with their fellow residents and staff. This gave the participants a sense of connectedness with others in the care home. Experiencing connectedness and involvement with others is an important aspect of good care home life (Bradshaw et al., 2012). Furthermore, these connections represented social ties that either reinforced a feeling of acceptance or distanced residents from care home life. James et al. (2014) state that a good social relationship with fellow residents and with staff members can create a sense of belonging and value and make life easier, more joyful and more meaningful for elderly residents. This can satisfy basic psychological needs, which contribute to well being and thriving.

The findings from the present study revealed that the majority of the participants were able to establish and foster good social relationships with their fellow residents and staff in the care homes. Some previous studies conducted in Western and Asian countries have consistently shown that social relationships enhance subjective well-being and life satisfaction and reduce psychological distress and loneliness among care home residents (Rash, 2007, Gautam & Kai, 2007). These findings are similar to the findings of this study, since several participants described that they were living extremely happy and satisfied lives in the care homes. They also reported that they did not feel loneliness at the care homes.

Having peers among the residents contributes to friendships, a sense of belonging and the reassurance of being important to others (Bergland and Kirkevold, 2006). In contrast, the lack of peers impinges on privacy, boredom, autonomy and self-identity (Bradshaw et al., 2012). An observational study conducted in the USA suggested that reciprocal social interaction in nursing homes positively contributed to the thriving of the residents (Rash, 2007). Furthermore, these findings imply that institutional peer support may provide nursing home residents with an additional source of social support and help them to deal with the stressful effects of physical deterioration on mental health. Similarly, having social relationships with friends one's own age with similar life histories, values, and experiences might make understanding life events easier (Shrestha, 2010).

The majority of participants in the present study reported having a good companionship with others and having people to talk to. They also emphasized that their fellow residents gave them their greatest source of social support. This is also in line with the research finding by Kimondo (2012) who found that the availability of good companionship was one of the most important contributing factors to quality of life (QOL) among care home residents. Similarly, they also highlighted that for many people, group living offers a sense of social relationships. Since the majority of participants in this study were living in a common room and blocks, they had a great opportunity to maintain good social relationships between each other.

According to Bergland and Kirkevold (2005), social relationships seemed to contribute to the experience of thriving among those care home residents who deemed them important and were able to establish such relationships. They further state that this implied establishing contact with fellow residents with whom the participants could talk properly and share experiences of the nursing home life and their earlier

lives, as well as visiting each others' room and spending time together both in organized activities and on their own. These findings are quite similar to the findings from the present study, since the majority of participants expressed that they used to share their feelings and stories of their previous lives as well as the ups and downs of their lives. They also used to share their goods, food, and sweets, and sometimes even small loans with each other.

In the present study, some participants emphasized the importance of maintaining a good relationship with caregivers for their experience of thriving, but at the same time they did not mention what type of relationships were being maintained with the caregivers in the ECH. However, Bergland and Kirkevold (2005) claimed that the role of caregivers in contributing to thriving varied.

In the study by Bergland and Kirkevold (2006), they argued that regular visits from family members contributed to the residents' feeling of thriving. Unfortunately, in the present study, most participants talked very little about their families or any visits with them. The main reason behind this was that most of the participants had no family; those who did have family were humiliated or abandoned by them. Therefore during the course of the interview only a very small number of participants talked and shared information about their relationships with their family and relatives.

According to Haight et al. (2002), a positive relationship is a dimension of wellbeing. It is characterized by warm and harmonious relationships with others based on trust, and is capable of generating strong empathy and affection. When these factors take place in a nursing home environment, the result is an improved and higher level of wellbeing of the elderly residents living at the care home.

Another important finding of the study was “Engagement in meaningful daily activities”, which indicates the participants’ active participation in various activities that they considered to be the most interesting, pleasurable and meaningful and which could contribute to them thriving. The results of this study found that the majority of the participants were involved in variety of daily activities organized by both elderly care homes (ECHs) or initiated by the participants themselves. Harmer and Orrell (2008) explain that a part of human nature is to seek out meaningful activities, which can provide meaning to life, enable opportunities for pleasurable experiences, and improve quality of life as well as promote the health and well being of individuals. This finding is consistent with the findings of Bergland and Kirkevold (2006), who observed that the residents’ active participation in meaningful activities were described as pleasant and meaningful by those residents who were able to experience thriving and meaningful nursing home lives.

A previous study by Anderson et al. (2007) found a significant correlation between having the opportunity to engage in meaningful activities and experiencing a satisfactory life.

A recent study by Kimondo (2012) revealed that activities offered in nursing homes kept residents occupied and helped to eliminate boredom, thus creating a sense of meaning in life. However, a lack of meaningful activities within the care homes resulted in a feeling of boredom and lack of meaning in life, which was one of the difficulties that residents of nursing homes had to deal with (Kimondo, 2012).

A cross-sectional quantitative study conducted in Nepal by Gautam and Kai (2007) found that older adults who were involved in a variety of different activities had a significant correlation between lower levels of depression and higher levels of

satisfaction with life. Furthermore, they also found that social activities and physical activities have been associated with higher self-esteem, lower rates of institutionalization, lower risk of mortality and higher survival rates. This finding is also in line with the present study's findings, since the majority of participants reported that they felt more active, healthy and satisfied with their lives now in the care home.

Since the majority of participants in the present study seemed to be active and well-engaged in activities, most participants in the study also reported that they were able to carry out most of their daily activities by themselves. Thus these participants still continued to spend a significant portion of their everyday lives engaging in a variety of activities that they considered to be the most pleasant and important.

Involvement in various religious activities - such as visiting temples, listening to and singing bhajans (religious songs), participating in pujas (praying and worshiping god and goddess), listening to religious stories from Hindu Priests and reading religious books - were the most preferable and meaningful activities and were the most appreciated by several participants in this study. According to Hadaway (1978), religious beliefs offer an explanation for the fundamental meaning of life and have always been a viable source of meaning in individuals' lives through positive beliefs, rituals, symbols, traditions, and supports. Thus, the need to generate meanings may become more significant in old age, as societal roles and opportunities decrease and death draws nearer (Hadden, 1995). This finding concurs with the previous study by Gautam and Kai (2007), who found that in Nepal, older adults are engaged in social and religious activities more than people of other age groups, basically because older adults do not have to meet as many obligations as compared to younger people. They further stated that participation in traditional and cultural events is an important

activity for Nepalese elders, as in Nepali Hindu society, traditional and cultural events are considered to be religious activities. Gautam and Kai (2007) also found that participation in religious activities by older Nepalese adults has been linked to outcomes such as increased subjective well-being, reduced depression, higher life satisfaction and self-esteem, better perceived health, and lower rates of suicide or emotional distress.

A study by Ellison and George (1994) found that as people grow older, they may withdraw from some activities such as attending church. At the same time show an increased interest in personal religious practice, such as Bible study, watching religious programs on TV or listening to them on the radio, or praying once a day or several times a day, which increases steadily from age 65 and reaches the highest levels among those over 75.

A qualitative study conducted in Nepal by Shrestha (2010) found that cultural traditions as informed by Hindu principles have an impact on QOL among the elderly. She found higher levels of QOL in those elderly participants who reported higher levels of religious involvement. In addition, she also found that participants who lived in OAH used their religious faith as a source of comfort in old age. In Nepal, with the dominance of the Hindu religion, all the participants followed the Hindu religion. Thus, a majority of the participants in the present study expressed their strong believe and faith in God. At the same time, they also believed that because of mercy and blessings from God, they would never have to face any hardships or stressful situations in their lives. This finding corresponds with a distress deterrent model of "effects of religiousness" by Wheaton (1983). In this model, people who are religious seem to be more likely to be optimistic than those people who are not religious. Thus effects of religiousness are seen as direct and additive, counter-balancing the negative

effects of stress and depression. Shrestha (2010) concluded that religious beliefs and practices, as well as being spiritual, have a positive impact on the overall wellbeing of the elderly.

In the findings of the present study, most participants reported that they enjoyed participating in yoga and meditating every day at the care home. They also believed that yoga and meditation helped them to be healthy, active, relaxed and mentally stress-free. A previous study by Basavarddi et al. (2013) found the beneficial effects of 6 months of yoga-based intervention on physical health, psychological health, social relationships and environmental domains of quality of life among old age home residents. Further, it was also found that the participants in the yoga group had significant improvement in total sleep quality among care home residents. Meditation is a form of Hindu prayers (Manjunath, 2005). Yoga and meditation are thus considered to improve health and a sense of wellbeing among older adults (Manjunath, 2005).

A previous study by Anderson et al. (2007) found that most residents in nursing homes spent a majority of their time in their rooms, isolated, sitting alone or doing little or nothing. Harper Ice (2002) further stresses that daily life in a nursing home is often characterized by boredom and loneliness, feelings of helplessness and few opportunities for residents to create meaningful lives. Moreover, the loss of autonomy and self-determination, combined with impairment in social relationships and their social network also contributed to social isolation and depression. In contrast with these findings, in the present study most of the participants tried to find meaning in their existence through worthy and meaningful activities rather than by doing nothing. Thus a majority of them spent the majority of their time chatting with their fellow residents, sitting in the courtyard and basking in the sun, making sacred threads for

worshiping God, sometimes watching TV and listening to Nepali folk songs, and sometimes also taking care of other sick and disabled residents. However, most residents preferred to be indulged in their interests and favorite activities. Haight et al. (2002) stressed that due to their health-related hindrances or assumed limitations of the environment, they can become disengaged. This finding is also consistent with the present study's findings, since some participants reported that they enjoy being engaged in their favorite activities, such as going for morning walks, doing yoga and meditating. However, due to their health problems, they were unable to carry out such activities regularly.

Harmer and Orrell (2008) state that most staff members in the nursing homes must acknowledge that it is important to identify each resident's individual preferences, skills and abilities, as this had a direct impact on their level of involvement in activities. A resident's capabilities act as a way of contributing to their own well being. The daily routines and activities organized by both care homes were very simple and flexible; most participants in the present study expressed that they were free to choose any activity according to their desire, interest and ability level in both of the care homes. This finding is in line with a recent study by Murphy et al. (2006), who emphasized that residents should be allowed to maintain or improve their current level of independence by doing what they can do for themselves. Andersen et al. (2007) further stress that residents also value activities that make them feel enabled and empowered or give them choices and a sense of personal autonomy.

Another important finding of the present study, "living a happy and better life", indicates that the majority of the participants were happy and satisfied with their present lives in the ECH. All of the satisfied residents (except one) had been involved in the decision to move into the care home, because their moves to the care homes had

been very necessary for them since they were neglected and abandoned by their families and relatives, and some of them were also homeless and helpless. Some researchers have indicated a relationship between participation in the decision to move to a care home and satisfaction with care home living (Anderson et al., 2007; Bradshaw et al., 2012). Anderson et al. (2007) points out that the participants who play a role in this decision experience power and control over their lives, which could contribute to their satisfaction. This is also in line with those findings of Kimondo (2012), who found that poor health, insecurity, a fear of living alone, a lack of companionship, the break down of a family unit or homelessness were the main reasons older people reported for entering care homes.

A majority of participants in the present study articulated after coming to the care home, their lives were drastically changed and they experienced happy and satisfied lives. They also expressed that because of good facilities and food, clothing, medicine, care and other amenities, along with religious and other meaningful daily activities, it helped to ease their stay at the care homes. This concurs with previous research by Fiveash (1998), who concluded that for many of the residents, the best features of living in care homes were that their day-to-day needs are being met and looked after.

The importance of “attractive, clean, spacious and homelike surroundings” (Bergland and Kirkevold, 2006) and having one’s own room and bathroom, enough storage and a quiet place (Bradshaw, 2012) has been outlined as being central to increasing the residents’ sense of privacy, belonging and autonomy, which Bergland and Kirkevold (2006) argue is associated with residents’ happiness and successful lives in care homes. This is in contrast to the present study, where most participants did not talk much about the physical environment of the care home. Even though they were

residing in a common room and common block with the other residents, they had no complaints regarding their living space. Instead, they considered themselves as lucky for having such a wonderful place to live for the rest of their lives.

The majority of the participants also emphasized that their moving into the care home had made them feel safer and more secure than they felt when living in their own homes. Many participants expressed the feeling of being insecure and anxious when they lived with their relatives. This finding is in agreement with an Irish study by Galvin and Deroiste (2005). They found that one of the key benefits of living in long-term residential care was the sense of safety and security that it brought. The value of security was also noted by Shrestha (2010), who conducted a qualitative research in Nepal, which revealed that, for women in particular, security and protection in care homes is perceived to be significantly important.

However, although the majority of participants in the present study seemed to be happy and satisfied with living in the care homes, one participant reported dissatisfaction because his move to the care home was undesirable and involuntary. This finding is in line with a previous study by Fiveash (1998), who conducted a study to explore residents' experiences of nursing home living in Australia. The study found that residents who reported being in the nursing home against their will "struggled with living with others in a public domain where staffs determine when residents wake up, go to sleep, what they eat and when residents will shower and dress".

The other reasons for this participant's dissatisfaction with living at the care home, according to him, were that he was still unable to establish a close relationship with anyone and was not provided with the promised level of services, including nursing

care when he was sick. Therefore, he believed that his life at the care home was worse than it had been before, and he still wanted to go back home where he could live freely. This finding concurs with a previous study by Bergland and Kirkevold (2006), who concluded that those residents who are determined not to thrive in the nursing home seemed to be unable to thrive, and thus demonstrated a strong wish to leave the nursing home. This finding also is in line with the previous study by Haight et al (2002) who emphasize that older adults should be able to develop and maintain healthy relationships, feel self-assured, and generally satisfied with life. A negative human environment may erect barriers to thriving, and these barriers may actually contribute to FTT.

Anderson et al. (2007) described that having someone to talk to, listen to and support was an important factor for feeling comfortable and secure, but negative experiences such as feelings of loneliness, helplessness, boredom or dependency caused dissatisfaction among residents living at care homes and in turn led to the residents' wish to move back home. Further more, Anderson et al. (2007) suggests that in such a situation, the staff plays a major role in helping residents to cope with the situation by carrying out an assessment of the residents' reactions to nursing home situations. In addition, they must fulfill residents' needs through communication, support, helping them to resolve their problems and finding an appropriate coping strategy.

Another finding of the present study, "feeling respected and valued", revealed the participants' experience of being treated and regarded as important and valuable in relation to others. In the present study, a majority of the participants articulated that they were treated by everyone as highly regarded older adults, with respect and dignity. Even though the most of the participants sustained very difficult lives and even were abandoned by their family and relatives, after coming to the care homes

they felt respected as humans by all. This finding is in line with a previous study by Agrich (1990), who describes that residents in a nursing home have an unexpressed right to be taken care of in such a way that they feel comfortable and are regarded as human beings with unique integral qualities and capabilities. Thus, their uniqueness must be respected (Agrich, 1990). When residents were met with respect and valued to a certain degree then they felt secure and looked after (Anderberg et al., 2007) and also felt grateful for the care they received. Franklin and Nordenfelt (2006) stressed that preserving identity and integrity meant a lot to old people. They also emphasized that respect is vital for human beings to feel that their dignity is respected and maintained. Anderson et al. (2007) suggests that nurses could improve the quality of care in nursing homes by paying more attention to residents' self-esteem, dignity and autonomy.

Some earlier studies found that nursing home residents attempted to preserve their dignity through various coping strategies such as adjusting and accepting the situations that may occur, focusing on the joyful things in life, comparing themselves with others whose health status was worse than their own, standing up for themselves, helping other residents or maintaining normalcy (Pearson, 1998; Dwyer et al., 2009; Hall et al., 2009). These findings correspond with the present study's findings, since a majority of the participants reported that they were active and they used to participate in various daily activities. In addition, they also used to help and take care of other sick and disabled residents in their daily activities, from which they received a lot of satisfaction, and a feeling of being praised and dignified. Hall et al. (2009) further stresses that, since many nursing home residents spend the remainder of their life in the nursing home, preserving personal dignity has become an important goal of the care given in the nursing home.

Several studies also have found that residents' personal dignity can be preserved or enhanced by upholding a person's autonomy, by giving them individualized care, restoring control, performing advocacy and sensitive listening (Oosterveld-vlug et al., 2013, and Anderberg 2007) These findings are also in agreement with the present study, since a majority of the participants reported that most of activities in the care home they could freely decide by themselves. For example, they could make choices about their daily activities, their meals, their everyday dress, even their short outings, visiting temple, etc. They also expressed that all the staff have sympathetically listened to their problems and tried to solve as many as possible, talked to them, and looked after them. Thus the majority of the participants believed that they were met with respect and value from all staff.

The final finding of the present study, "feeling optimistic about living in the ECH" revealed the participants' high self-esteem, high self-confidence, faith and positive attitude towards living in the care homes. This finding also reflects the participants' positive and successful acceptance and adaptation of ECH living. This positive and optimistic attitude about care home living may make a very important contribution to their experience of thriving.

In the present study, a majority of the participants were found to be very positive and optimistic about living in the care home. Thus, they acknowledged that the care home was the best and a wonderful place to live and spend their remaining lives. They also expressed that the present care home was their permanent home. They were also willing to highlight the positive aspects of care homes, such as being properly looked after, having good companionship, being provided with all basic necessities, e.g. food, clothes, shelter, personal care, social interactions, and religious engagements. This finding concurs with a previous study by Bergland and Kirkevold (2006), who

concluded that residents' positive mental attitudes towards living in nursing homes formed the core, innermost aspect of thriving. Furthermore, they also stressed that those residents with a positive mental attitude who made an active and deliberate decision to thrive in the nursing home expressed that the nursing home was the only possible and the best place for them to live for the rest of their lives, due to their deteriorating health and reduced level of functioning.

In contrast, in a recent study conducted in Korea by Chang (2013), it was identified that the residents in his study defined nursing homes not as permanent homes but as a "temporary stop-over residence before passing." Another study by Dorman and Rantz (2000) indicated that a nursing home is "a place to rest at the end of life or is a place to prepare for death."

In the findings of the present study, many participants had faced many troubles and difficulties throughout their lives, and thus they viewed their ECH lives very positively and optimistically. This is supported by Doran & Rantz (2000), who pointed out that people who handle losses and other hardships that occur in their life with optimism and hope tend to experience higher levels of well-being.

CHAPTER VII

STRENGTHS AND LIMITATIONS OF THE STUDY

7.1 Strengths

An important strength of this study is that, though there are very few previous studies, it is the first current study, to our knowledge, to investigate residents' views on their living experiences in the elderly care homes at Kathmandu. This is probably because the concept of ageing and living in care homes is still a new phenomenon in Nepal. Thus, many elderly people in Nepal still cannot even imagine their later life in the ECH. Most of the Nepalese people have only heard about the negative aspects of care home life. Therefore, the result of this study may shed light on elderly residents' positive views regarding their living experience in the ECH. However, the results of the study, although limited in scope, may provide a picture of old peoples' reasons for making the decision to move into an elderly care setting. Another important strength is that this study was completely a result of the researcher's own craftsmanship. Thus, the possibility for any misinterpretation has been tried to eliminate throughout the study process.

7.2 Limitations

Since the purpose of qualitative research is not to generalize findings, but to gain and generate a thorough understanding and knowledge of unique human experiences (Patton, 1990), the results of this study cannot be generalized. However, it can be applied to a similar setting. This study is limited by its small sample size and

therefore further similar studies are needed in other contexts and with a larger sample size.

Another possible limitation of the study is that the residents' experiences of care home life may sometimes be dependent on the external and internal environments of the particular care home; for example, its size or location. The two ECH included in this study were located in the same urban city at Kathmandu. If the study had been conducted in another rural district city, the findings might have been different. However, with a phenomenological and hermeneutic approach, the aim is not to compare residents' experiences of living in different care homes, but, rather to give an insight into and understanding of residents' experiences of living in the care home in general.

The participants in the study were selected from a small group of people and mainly on the grounds of good verbal ability and less frailty. If the study had involved sick and frail participants, then different views and experiences might have been explored. Furthermore, in the present study, all the interviews were conducted in the Nepali language and then transcribed into English. During the transcription, some important information from the participants could have been lost or missed. However, the researcher tried to capture complete information by carefully listening to all of the recordings many times until transcription of the entire recording was complete. This process therefore took more time than initially expected. In addition, the time frame of the study also prevented me from interviewing participants more than once. Another important difficulty I faced during the study was that previous studies in the context of Nepal were not available to support the present study's issues.

CHAPTER VIII

CONCLUSION

The present study was conducted in two ECHs in Kathmandu, Nepal. This study has provided additional insight into the experiences and views of residents living in the ECH at Kathmandu. The results of the study confirmed the residents' positive experiences of living in the care homes. A majority of the participants were found to be very happy and satisfied with their present lives in both ECHs. Only one participant was found to be completely negative and dissatisfied with living in the care home, and still looked forward to returning back home. Furthermore, life in both of the ECHs was shown to be acceptable for most of the participants because many of them had sustained many hardships and difficulties prior being admitted to the ECH. The results of the present study could make a contribution to improving the living conditions of residents in the ECH in the future.

The knowledge related to residents' experience of the ECH life from the residents' perspective is still lacking in Nepal. Thus it is also assumed that exploring the residents' real experience in the care home plays an important role in improving their experiences in the care homes as well as improving their QOL (Shrestha, 2010). Thus, more extensive research on the Nepalese elderly residents' experience of their living in different ECHs in Nepal needs to be explored. This study also suggests that some improvements are still needed in both ECH settings, as well as in nursing care, since a majority of the participants expressed a wish to have good quality nursing care when they are sick.

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APPENDIX A

INTERVIEW GUIDE

1. How do the elderly residents experience the transition to the ECH?	2. How do the residents experience their lives in the ECH?
<ul style="list-style-type: none">➤ How did you experience your first arrival to this care home?➤ What was the reason for you to come here?➤ What differences have you found out in living at your own home and here?	<ul style="list-style-type: none">➤ What do you think about living at this care? (Could you please tell me your living experience in this care home)?➤ How do you spend your daily life at this care home?➤ How do you look upon the future prospect of your life at this home?

APPENDIX B

INFORMATION LETTER AND CONSENT FOR PARTICIPANTS

A request for your participation in the study ‘Lived experiences of residents living in an Old Age Home (OAH) at Katmandu’

Background and Purpose: I am by profession a nurse, and this study is a part of my Masters’ Degree Program in Health and Social Science at the University of Stavanger. This study aims to investigate the elderly residents’ life experiences of living in an OAH in Katmandu. Your participation in this study will help us understand how people of old age experience to live in an OAH. The findings from this study may help us improve living conditions at OAH in the future.

What, How: The study entails that you participate in an interview. The interview will last approximately 50-60 minutes and the questions will be about how you experience to live at the OHA. After you have confirmed your participation to the leader of the OHA, this will allow me to contact you for an appointment. The interview will be carried out at the OHA. The whole interview will be recorded in an audiotape, to help me remember what was being said when I am to analyze the interview at a later stage.

Possible advantages and disadvantages: There are no known advantages or disadvantages of participating in the study. However, the experiences that you share could contribute to a better understanding of how it is to live at an OHA. This information may again be used to improve living conditions at the OHA in the future. If you choose not to participate this will not have any influence on your daily life at the OHA.

What happens to the information about you? The information that you give only be used to investigate the experiences of living in a OHA. All data will be anonymous and the information will be treated confidentially. I will be the only person with access to the name list that links the data to the participants of this study. Audiotapes and transcriptions will safely be stored in a lockable cabinet with an access to author only. All interviews, recordings and notes will be eliminated after the end of this study. It will, by no means, be possible to identify you in the final work.

Voluntary Participation

Participation in this study is completely voluntarily and you retain the absolute authority to withdraw your participation at anytime for no reason, without any consequences. If you decide to take part in this study, you are requested to sign the consent form attached, and submit it to your manager's office. For further information, if need be, please contact me either at 9841441086/9841249292 or minabhandari_690@hotmail.com.

This study is sent for approval by the Norwegian Social Science Data Services (NSD) in Norway, and to the Government Of Nepal; Women-Children and Social Ministry; Social Welfare Centre, Pashupati, Kathmandu and Siddhimemorial Foundation (SMF), Bhaktapur.

With Best Regards,

Mina Bhandari

Student of Master Degree in Health and Social Science

Consent Form

I hereby declare that I received information about the study 'Lived experiences of residents living in an Old Age Home (OAH) at Katmandu' and would like to participate in the study.

Signature:.....

Date:.....

APPENDIX C

APPROVAL LETTER FROM NSD

Norsk samfunnsvitenskapelig datatjeneste AS

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Vår dato: 15.11.2013

Vår ref: 36088 / 2 / KH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 28.10.2013. Meldingen gjelder prosjektet:

36088	<i>The Lived Experience of elderly residents Living in Old Age Homes (Bridhaasbaram) in Kathmandu</i>
Behandlingsansvarlig	Universitetet i Stavanger, ved institusjonens øverste leder
Daglig ansvarlig	Cecilie Haraldseid
Student	Mina Bhandari

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 01.12.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Kjersti Haugstvedt

Kontaktperson: Kjersti Haugstvedt tlf: 55 58 29 53

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

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APPENDIX D
CORRESPONDENCE LETTER FROM UIS



University of
Stavanger

To,
The Director
Social Welfare Centre
Elderly Home, Pashupati

Subject: Arrangements to Collect Required Data for Master Thesis

Dear Sir/Madam,

It is a pleasure to inform you that Ms. Mina Bhandari is a master degree student at the Department of Health Studies in the University of Stavanger, Norway. Her master thesis is in a qualitative study on "*The lived Experience of Elderly Residents living in Old Age Homes (Bridhaashram) in Kathmandu*" as accepted by Norwegian Social Science Data Services.

This research session is one of the requirements of the course and is intended to gather data of a specific topic, followed by scientific analysis, resulting a master thesis. We would therefore be very grateful if you could help her by providing necessary arrangements for required information and data.

Your necessary assistance and cooperation in this regard will be highly appreciated.

Thank you very much.

 19/11-13

University of Stavanger,
Kari Vevatne